

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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## LOBBYIST REGISTRATION FORM MISSION

5- 710

PART I LOBBYIST	(Type or Prin			
NAME (Last)	(First)	(Middle)	TELEPHONE	
Hirai	Craig	K.	808 526-2020	
MAILING ADDRESS (Street)			FAX	
733 Bishop Street, Suite 2020			808 526-2021	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Bowen Hunsaker Hirai Consulting, Inc.			808 526-2020	
MAILING ADDRESS (Street)			FAX	
733 Bishop Street, Suite 2	2020		808 526-2021	
(City)	(State)	(Zip Code)		
Honolulu	HI		96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Association of Realtors			TELEPHONE
			808 733-7060
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Suite 220			808 737-9070
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Myoung Oh		į,	808 733-7060 x104
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Suite 220			808 737-9070
(City)	(State)	(Zip C	ode)
Honolulu	HI	9681	16

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
Agriculture	Education	Human Services	Science, Technology & Economic Development				
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation				
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation				
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)				
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections					
PART IV CERTIFICATION OF LOBBYIST							
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
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(Signature of Lobbyist)			(Date)				
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PART V AUTHORIZATIO	N TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED						
Anne Deschene	Executive Vice President						
NAME OF ORGANIZATION (if applicable)			TELEPHONE				
Hawaii Association of Realtors			808 733-7060				
MAILING ADDRESS (Street)			FAX				
1136 12th Avenue, Suite 220			807 737-9070				
(City)	(State)		(Zip Code)				
Honolulu	HI 96816		96816				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
	wove - nameu person to er	igage in lobbying activities on i	bonan or the anaoreignes.				
( Oeus)	Exclusion to en	igage in lossying delivities en l	1/5/06				